

Welcome

Office for State, Tribal, Local and Territorial Support
presents . . .

CDC Vital Signs

**Preventing Teen Pregnancy: A Key Role for
Health Care Providers**

April 14, 2015

2:00–3:00 pm (EDT)



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Agenda

| | | |
|----------------|------------------------------------|---|
| 2:00 pm | Welcome & Introductions | Richard Schieber, MD, MPH Director, CDC <i>Vital Signs</i> Program, Office of Public Health Scientific Services, CDC |
| 2:04 pm | Presentations | Lisa Romero, DrPH, MPH Health Scientist, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC Liz Romer, RN, ND, MSN, FNP Director, Family Planning Program, Children's Hospital Colorado Rena Dixon, PhD, MPH, MCHES Health Services Coordinator, South Carolina Campaign to Prevent Teen Pregnancy |
| 2:30 pm | Q&A and Discussion | Richard Schieber, MD, MPH |
| 2:55 pm | Wrap-up | |
| 3:00 pm | End of Call | |



CDC
Vitalsigns™ Teleconference
to support STLT efforts and build
momentum around the monthly
release of CDC *Vital Signs*





Preventing Teen Pregnancy

A key role for health care providers



Vital^{CDC}**signs**[™]
www.cdc.gov/vitalsigns/LARC

CDC *Vital Signs* Town Hall

Lisa M. Romero, DrPH, MPH
Health Scientist
Division of Reproductive Health

April 14, 2015

National Center for Chronic Disease Prevention and Health Promotion
Division of Reproductive Health

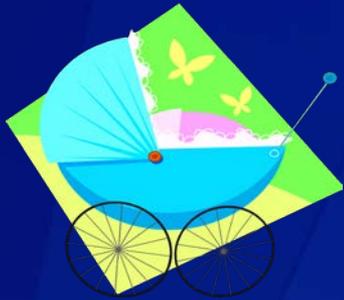


Outline

- ❑ Describe the burden of teen pregnancy in the United States
- ❑ Describe a recent analysis of trends in use of the most effective birth control among teens ages 15–19 seeking contraceptive services
- ❑ Describe strategies that health care providers can use to increase awareness and availability of Long-Acting Reversible Contraception (LARC) for teens



Teen Pregnancy



750

Every day, **750** teens ages 15–19 give birth in the US¹



9X

Teen births in the US are **9 times** higher than in most other developed countries³



1 in 4 teen girls

will become pregnant before age 20
614,000 teen pregnancies
every year²



Teen childbearing costs US taxpayers

\$9.4 billion

every year⁴

¹ Martin JA, Hamilton BE, Osterman MJ, Curtin SC, Mathews TJ. Births: final data for 2013. Natl Vital Stat Rep 2015;64(1).

² United Nations. Demographic yearbook 2009. New York, NY: United Nations; 2010. Available at <http://unstats.un.org/unsd/demographic/products/dyb/dyb2.htm>

³ Kost, K and Henshaw, S. U.S. Teenage Pregnancies, Births and Abortions, 2010: National and State Trends by Age, Race and Ethnicity. Guttmacher Institute, May 2014. <http://www.guttmacher.org/pubs/USTPtrends10.pdf>.

⁴ The National Campaign to Prevent Teen and Unplanned Pregnancy, 2014. <http://thenationalcampaign.org/why-it-matters/public-cost/faqs>

Few Teens Use the Most Effective Types of Birth Control

- ❑ About 43% of teens ages 15 to 19 have ever had sex
- ❑ More than 4 in 5 (86%) used birth control the last time they had sex
- ❑ Less than 5% of teens used the most effective types
- ❑ Most teens use birth control pills and condoms
 - When not used consistently and correctly, they are less effective for pregnancy prevention



How Effective Is LARC At Preventing Pregnancy?

How effective is LARC at preventing pregnancy compared to other birth control commonly used by teens?

IMPLANT



HOW TO USE IT:

- Placed by health care provider
- Lasts up to 3 years



Chances of getting pregnant:
Less than 1 out of 100 women*

IUD



HOW TO USE IT:

- Placed by health care provider
- Copper IUD lasts up to 10 years
- Progestin IUD lasts 3-5 years



Chances of getting pregnant:
Less than 1 out of 100 women*

PILL



HOW TO USE IT:

- Take at the same time each day



Chances of getting pregnant:
9 out of 100 women*

MALE CONDOMS



HOW TO USE IT:

- Use correctly every time you have sex



Chances of getting pregnant:
18 out of 100 women*

MOST EFFECTIVE

LEAST EFFECTIVE

Condoms should always be used along with the preferred birth control to protect against sexually transmitted diseases.

*Number of pregnancies per 100 women using the method within first year of typical use.

SOURCE: Trussell J., Contraception, May 2011; www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception.htm

Title X National Family Planning Program

- ❑ Provides confidential family planning and related preventive health services for low-income clients
 - Serving approximately 1 million teens each year
- ❑ Encourages health care providers to offer LARC as an option for teens
 - Increase awareness of clinical guidelines on LARC for teens
 - Train providers on LARC insertion and client-centered counseling
 - Help service sites secure low- or no-cost options for birth control

<http://www.hhs.gov/opa/title-x-family-planning>



Vital Signs: Trends in Use of Long-Acting Reversible Contraception Among Teens Aged 15–19 Years Seeking Contraceptive Services—United States, 2005–2013

Research Questions

- ❑ What are the patterns of use of LARC among teens ages 15–19 seeking contraception at Title X services by
 - Type of service site, region, state?
 - Use of moderately effective and least effective contraceptive methods, compared with LARC?
 - LARC type?

Centers for Disease Control and Prevention
MMWR Morbidity and Mortality Weekly Report

Vital Signs: Trends in Use of Long-Acting Reversible Contraception Among Teens Aged 15–19 Years Seeking Contraceptive Services — United States, 2005–2013

Lee Burrows, PhD; Steven D. Paul, PhD; Tamara R. Paul, MD; Lynn Grun, PhD; Susan Melnikoff, MD; Steven Green, PhD; Lisa C. Cook, MD; Susan Grunbaum, MD; Tamara K. Ivers, MD; James A. Hogue, MD

Abstract

Background: Nonetheless, the use of long-acting reversible contraception (LARC), specifically intrauterine devices (IUD) and implants, by teens remains low, despite their effectiveness, safety, and ease of use.

Objective: To measure patterns in use of LARC among females aged 15–19 years seeking contraceptive services. CDC and the U.S. Department of Health and Human Services' Office of Population Affairs analyzed 2005–2013 data from the Title X National Family Planning Program. Title X serves approximately 1 million teens each year and provides family planning and related preventive health services for low-income teens.

Results: Use of LARC among teens seeking contraceptive services at Title X service sites increased from 4.1% in 2005 to 7.1% in 2013 (median by year: 4.00%). Of the 615,148 female teens seeking contraceptive services in 2013, 13,342 (2.1%) used IUDs, and 30,347 (4.9%) used implants. Use of LARC was higher among teens aged 15–17 years (7.9%) compared with teens aged 18–19 (5.1%) (p<0.0001). The percentage of teens aged 15–17 years who used LARC varied widely by year, from 0.7% (Mississippi) to 28.5% (Colorado).

Conclusions: Although teen use of LARC remains low nationwide, efforts to improve access to LARC among teens seeking contraception at Title X service sites have increased use of these methods.

Implications for public health practice: This analysis suggests health centers that provide high-quality contraceptive services use techniques to increase use of LARC among teens seeking contraception. Strategies to address provider barriers to offering LARC include education providers that LARC is safe for teens, routine provision of LARC information and use of a shared decision-making approach in which the most effective contraceptive methods are discussed first, and providing contraception at an extended care to the client.

Introduction

The teen birth rate in the United States has continued to decline during the past two decades, from 61.9 births per 1,000 teens aged 15–19 years in 1991 to an all-time low of 26.9 births per 1,000 teens in 2013 (7). Improved contraceptive use has contributed substantially to this decline (2); however, teen use of long-acting reversible contraception (LARC) has remained low (3). In 2013 (7), and the U.S. teen pregnancy rate remains up to seven times higher than in some developed countries (2). Teen childbearing has potential adverse health, economic, and social consequences for mothers and their children (4), and each year teen childbearing costs the United States approximately \$1.4 billion (5).

A key barrier for further reductions teen pregnancy is increasing awareness, access, and availability of long-acting reversible contraception (LARC). LARC, specifically intrauterine devices (IUD) and implants, requires no effort to use after insertion, and has a proven unintended pregnancy rate of less than 1% (6). Depending on the type of LARC (7), IUD use was more common among U.S. women in the 1970s before concerns over safety led to a decline; however, with approval of additional implants and IUDs, use has been increasing (8) in the use of LARC (7). Both IUDs and implants have lower failure rates (7.0%) during the first year of typical use than most conventional (70%) and condoms (18%) (2). Sixteen methods teens use most often (7). LARC has the highest acceptability (70) and highest continuation rates among teens using contraceptive methods (70). Plus, LARC is safe and appropriate for teens (72). Most conventional methods, including

VitalSigns™
 April 2015

Preventing Teen Pregnancy
 A key role for health care providers

Teen childbearing can carry health, economic, and social costs for mothers and their children. Teen births in the US have declined, but still more than 273,000 infants were born to teens ages 15 to 19 in 2013. The good news is that more teens are waiting to have sex, and for sexually active teens, nearly 90% used birth control the last time they had sex. However, most teens use condoms and birth control pills which are often not used consistently and correctly. Intrauterine devices (IUD) and implants, known as Long-Acting Reversible Contraception (LARC), are the most effective types of birth control. LARC is safe to use, does not require taking a pill each day or doing something each time before having sex, and can prevent pregnancy for 3 to 10 years, depending on the method. With use of LARC, less than 1% of sexually active teens would become pregnant.

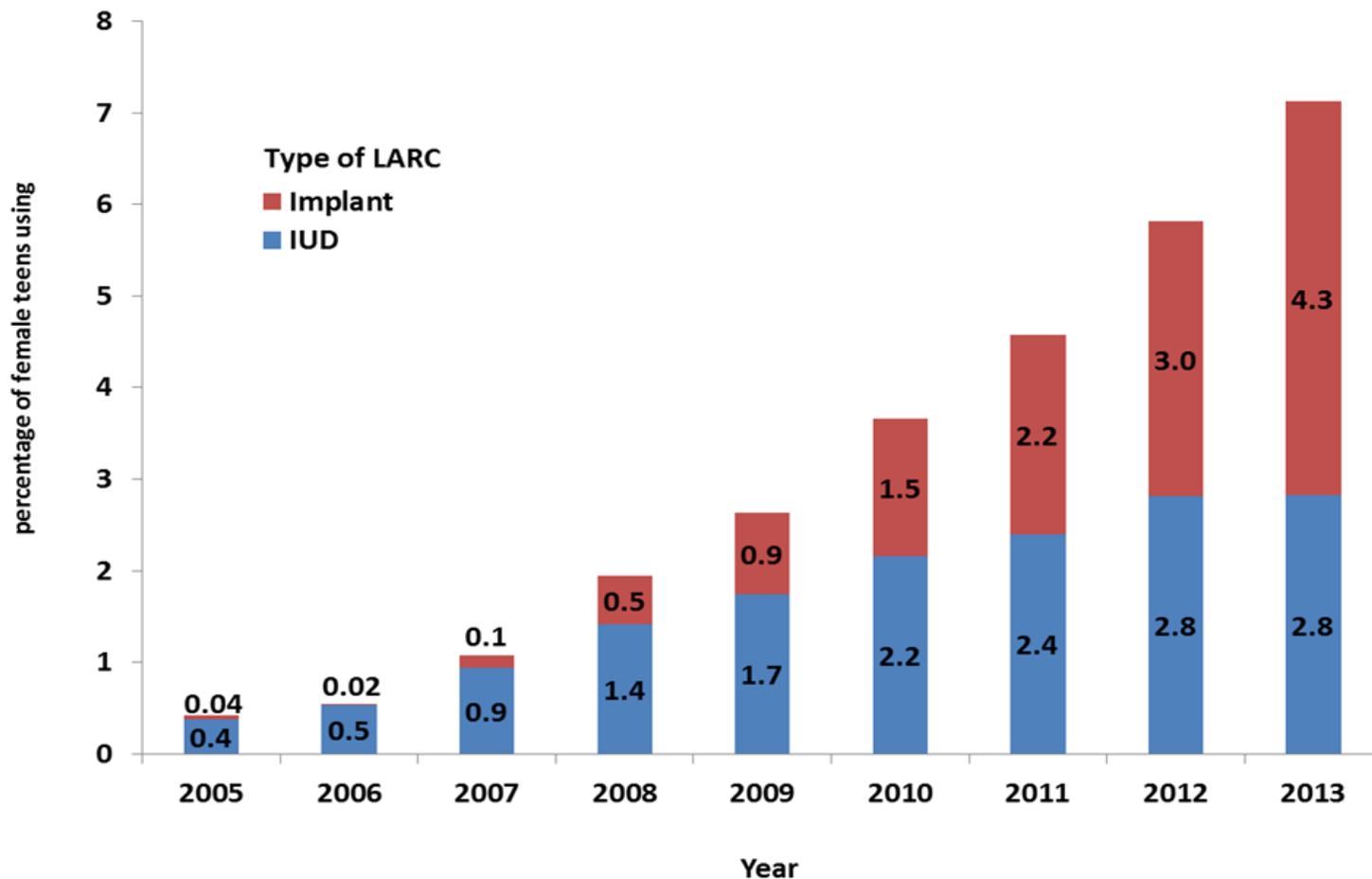
Doctors, nurses, and other health care professionals can:

- Encourage teens not to have sex.
- Recognize LARC as a safe and effective choice of birth control for sexually active teens.
- Offer a broad range of birth control options, including LARC, and discuss the pros and cons of each.
- Seek training in LARC insertion and removal, have supplies of LARC available, and explore funding options to cover cost.
- Remind teens that LARC by itself does not protect against sexually transmitted diseases and that condoms should also be used every time they have sex.

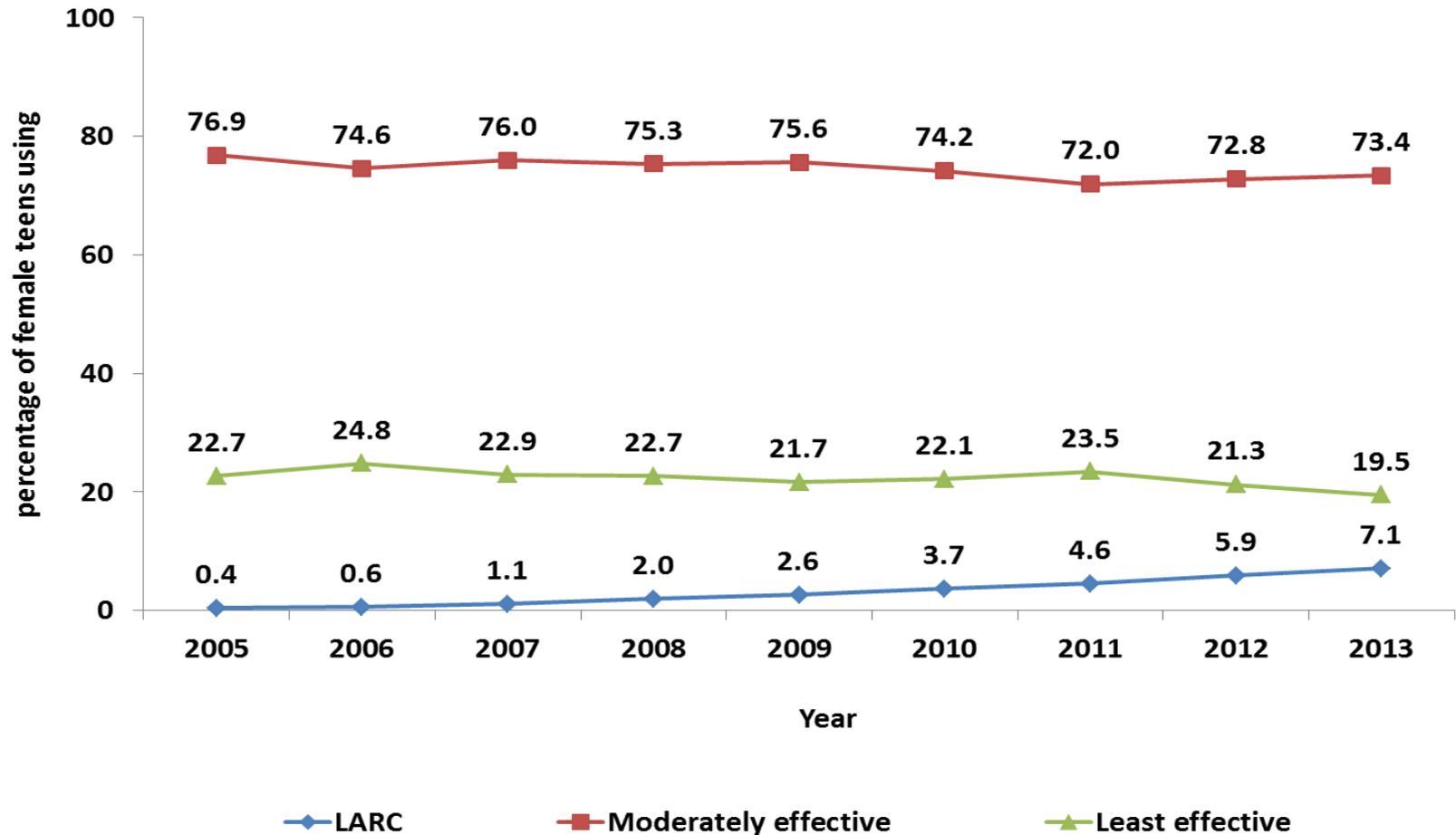
→ See page 4
 Want to learn more? Visit www.cdc.gov/vitalsigns

National Center for Chronic Disease Prevention and Health Promotion
 Division of Reproductive Health

Use of Long-Acting Reversible Contraception (LARC) by female teens ages 15–19 seeking contraceptive services at Title X service sites

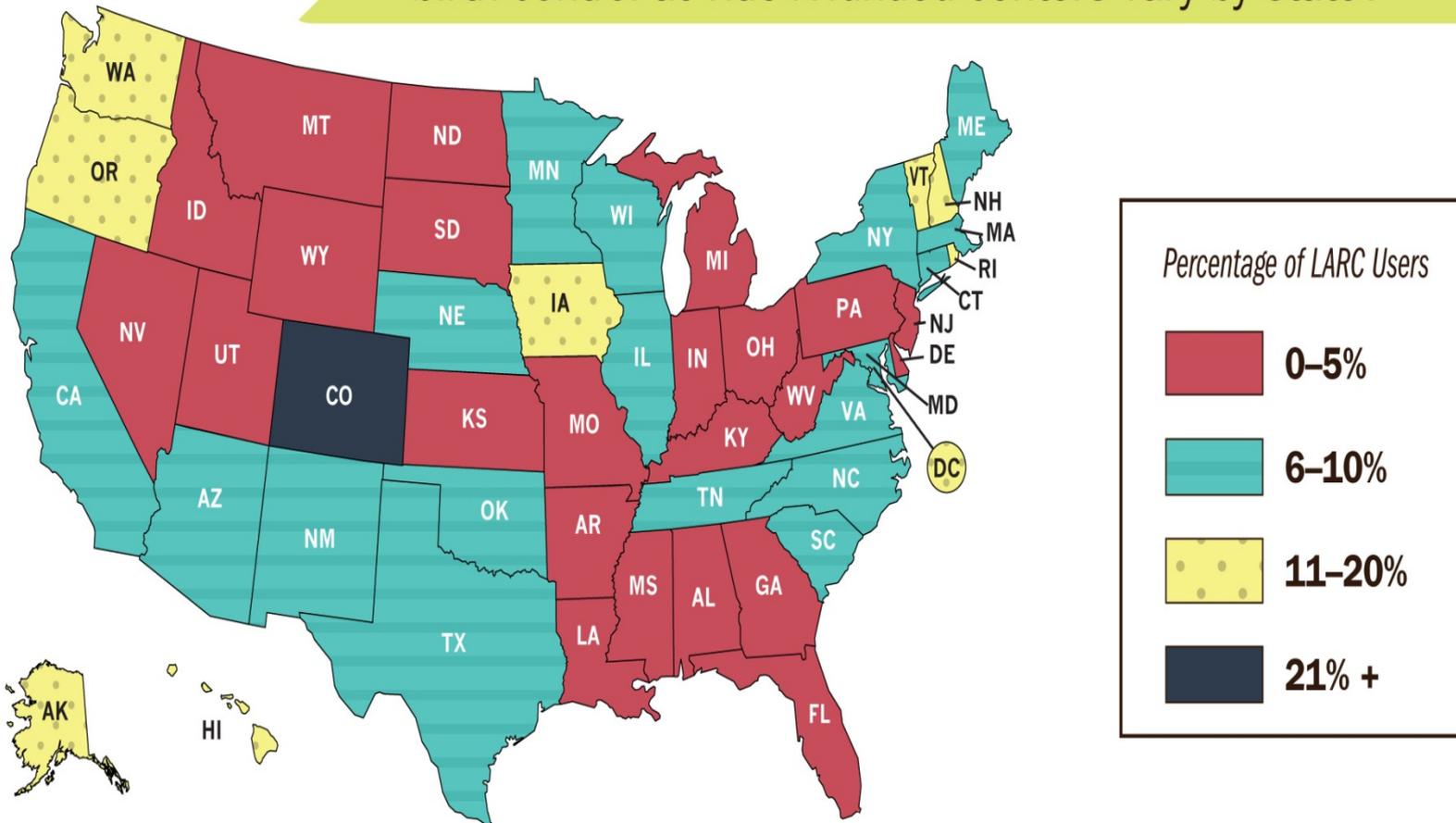


Trends in use of moderately and least effective contraceptive methods vs. LARC among female teens ages 15–19 seeking contraceptive services at Title X service sites



Use of LARC: State Variation

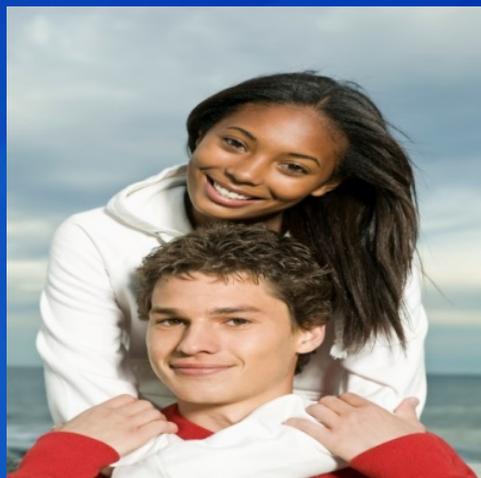
How does use of LARC among teens ages 15-19 seeking birth control at Title X-funded centers vary by state?



SOURCE: Title X Family Planning Annual Report, United States, 2013

Limitations

- ❑ FPAR data provides only summary information about services aggregated by grantee and for selected client characteristics
- ❑ Not representative of the population of teens nationally



Conclusions

- ❑ Improve access and availability of LARC
 - Increase use of LARC among teens seeking contraception at Title X service sites
- ❑ Remove barriers to LARC include
 - LARC is medically safe for teens
 - Train providers
 - Provide contraception at no or reduced cost to the client
- ❑ Contribute to the continuing declines in teen pregnancy in the United States



Thank you!

Lisa M. Romero, DrPH, MPH
Health Scientist
Division of Reproductive Health
Centers for Disease Control and Prevention
Lmromero@cdc.gov



For more information, please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Chronic Disease Prevention and Health Promotion

Division of Reproductive Health





LONG ACTING REVERSIBLE CONTRACEPTION AND ADOLESCENTS: A PERFECT MATCH

Adolescent Family Planning Clinic, Children's Hospital Colorado
Liz Romer RN, ND, MSN, FNP

Teens and LARC*: What Do We Know?

- 10 Years of risk for unintended pregnancy
 - ▣ 64% of teens have sex by the time they graduate from high school
 - ▣ Majority don't want to have their first baby until they reach 25 years old

□ LARC

- ▣ Effectively protect them through this period of risk
- ▣ Recommended by CDC, The American Congress of Obstetricians and Gynecologists (ACOG), The American Academy of Pediatrics (AAP), and Title X
- ▣ ***First-line method***

* LARC: Long Acting Reversible Contraception





What is BC4U? (Birth Control For You)

- Adolescent Family Planning at Children's Hospital Colorado
 - ▣ Existing Title X program for over a decade
 - ▣ 2009 funding opportunity from anonymous donor
 - Created a new family planning clinic within adolescent medicine

- BC4U (Birth Control for You)
 - ▣ Identify and reduce barriers for teens
 - Awareness, Access, Availability, Cost, and Confidentiality
 - ▣ Change our administrative approach and clinic culture
 - ▣ Dispense LARC methods





Vision and Mission

100% Free
100% Confidential



- **Mission:** BC4U increases access to the most effective forms of contraception for all young women by removing barriers and providing education in a safe and trusted environment in order to eliminate the consequences of unintended pregnancies.

Removing Access Barriers

- Administrative Barriers
 - ▣ Simplify scheduling appointments
 - ▣ Train front desk staff and medical assistants
 - How are our adolescent patients different?
 - Accommodations for late patients
 - Walk-in availability
 - ▣ Reach teens in the community
 - Tour of clinic for school nurses



Awareness: Education and Counseling

□ Adolescent Focused

■ What teens want from us

- Autonomy
- Respect
- Non-judgmental
- Accurate information
- ***A voice in the decision***

■ How we deliver what teens want

- Guide the discussion, don't dictate, trust them to make the decision
 - What do YOU want from birth control?
 - How old do YOU want to be when you have your first baby?
 - What is the most important thing for YOU about your birth control method?
 - Do you foresee any problems with this method?



Begin with the most effective methods
Peers are influential and important
Get real about side effects

Shift in Clinic Culture: LARC focus

- Putting our mission into practice
 - ▣ Belief that LARC methods are among the best mechanisms to prevent teen pregnancy

Contraception

- Long acting
- Highly Effective
- Forgettable



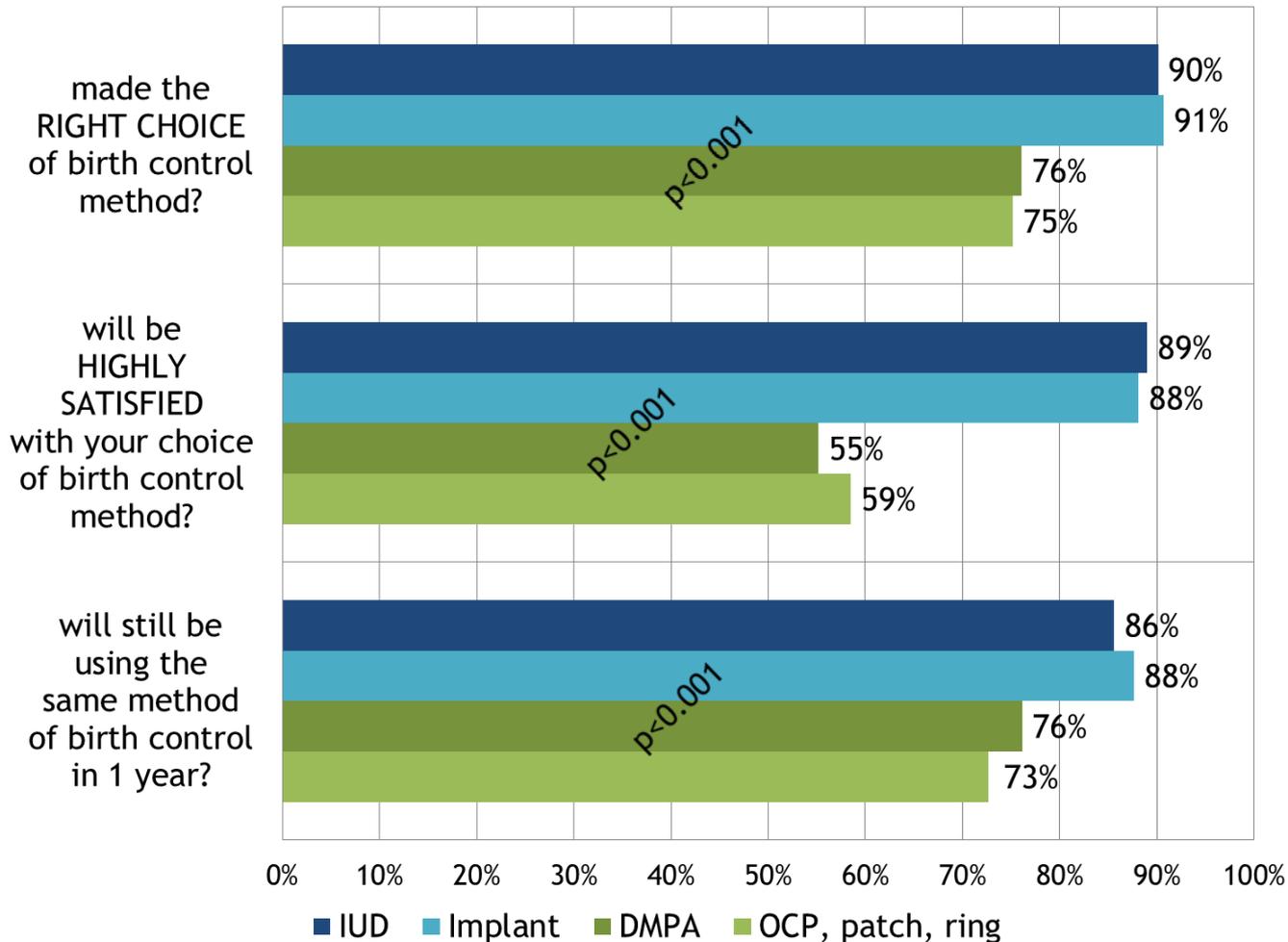
Population

- Highly fertile
- Often ambivalent about pregnancy
- Hardwired for risk

- ▣ Support providers in using LARC and inserting same day
 - Any Woman, Any Time, Any Where

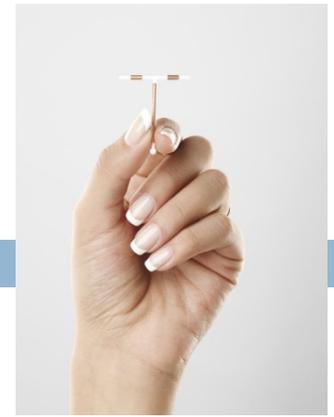
How confident are teens about LARC?"

Percent "very" or "completely" confident by method initiated



Source: Yeatman et al, 2013 Contraception.

Make LARC Available



- ACOG Statement

- LARC/intrauterine device (IUD) can be inserted at any time during the menstrual cycle as long as pregnancy is reasonably excluded

- Provider available to place any device

- Devices on-hand

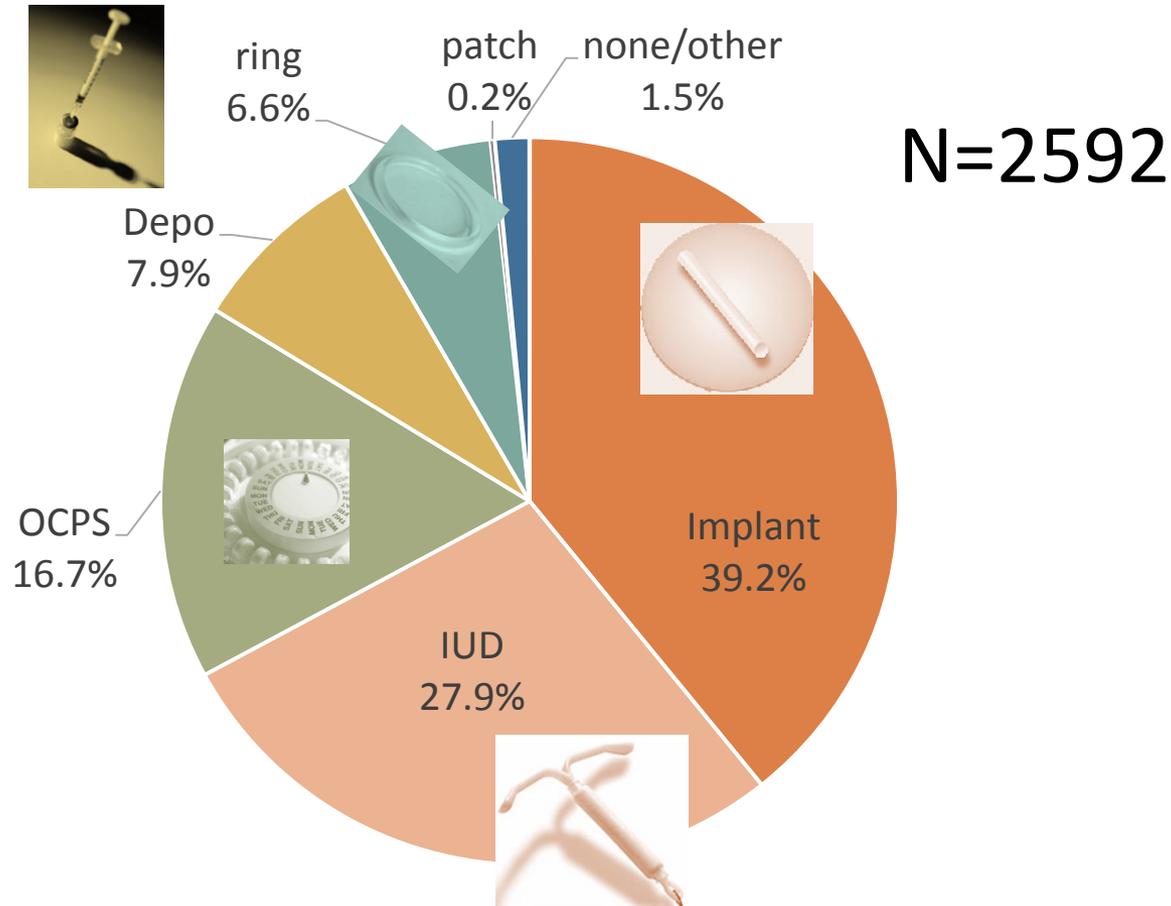
- Same day insertions

- Connect teens with their method of choice

- ▣ Quick start for all methods, except IUD
- ▣ Bridge method for those unable to get method of choice same-day
- ▣ No benefit to multiple “pre-insertion” visits

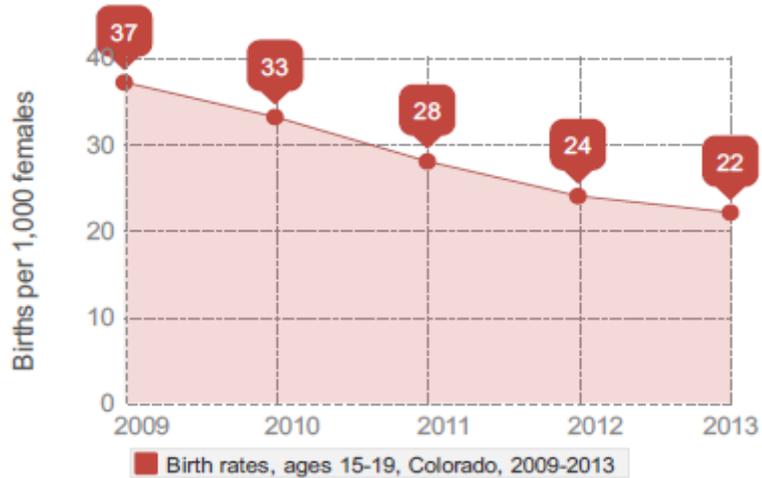


LARC uptake: BC4U 2013



5 Year Progress

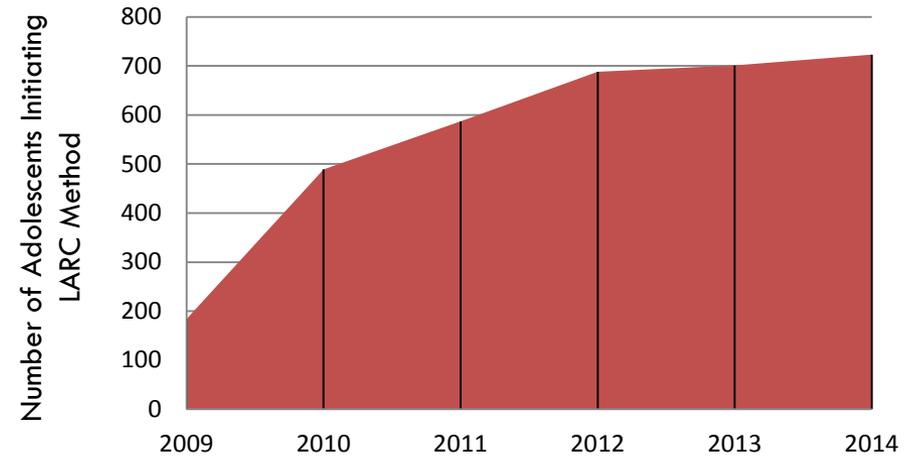
Colorado Teen Birth Rates



40% ↓

BC4U LARC Uptake

(Ages 19 and under)





Thank You!

- Title X and Colorado Department of Public Health and Environment
- Marissa Peters, MPH
- BC4U clinic staff
- Jeanelle Sheeder, PhD
- Dr. Stephanie Teal
- Dr. David Kaplan

- Liz.romer@childrenscolorado.org





Healthy Youth. Bright Futures. Strong Communities.

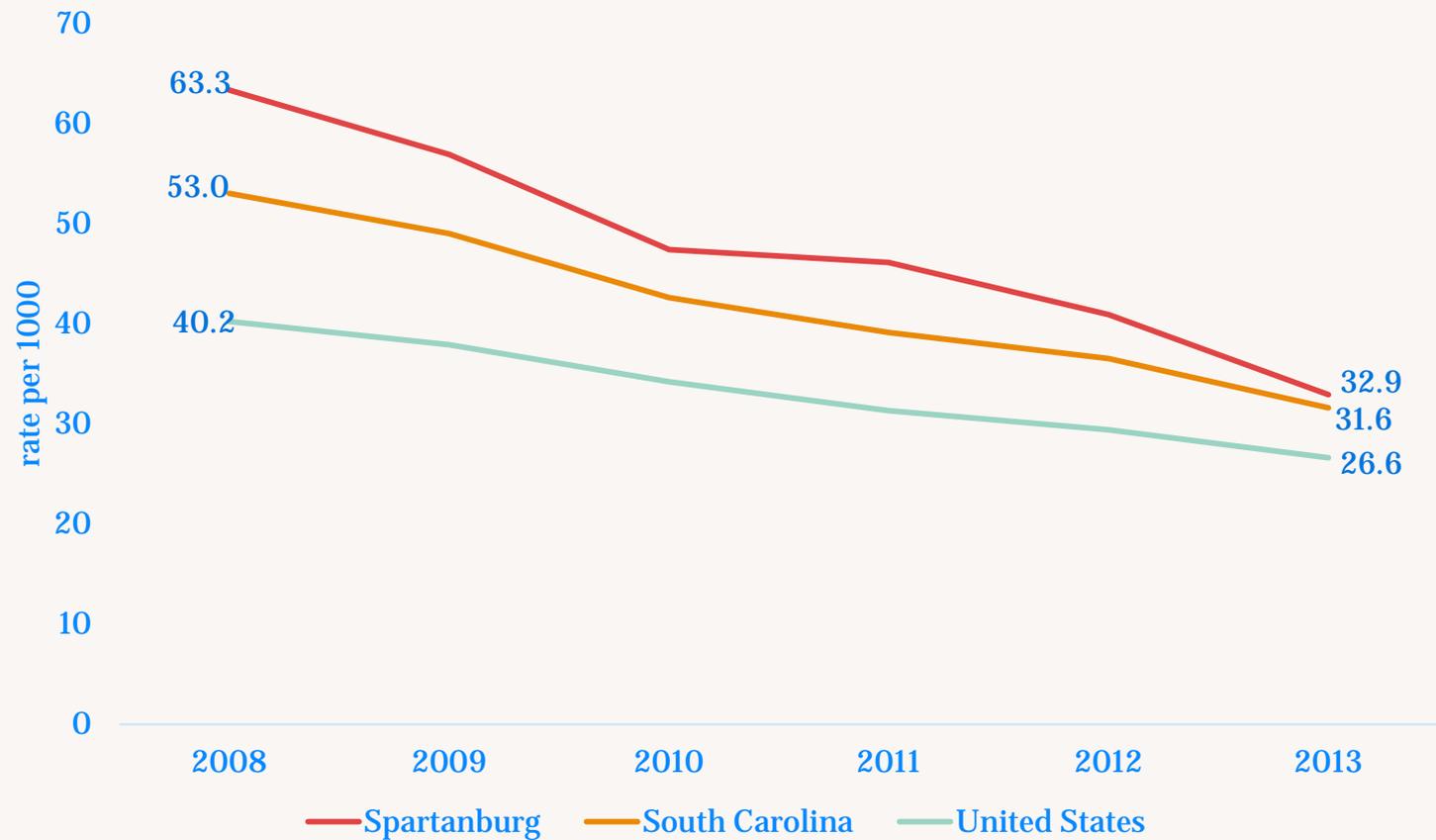
Increasing LARC Access in a South Carolina Title X Clinic

**Rena P. Dixon, PhD, MPH, MCHES
Health Services Coordinator**

SC Teen Birth Rates



Birth Rates Among 15-19 Year Olds 2008-2013



Community-Wide Teen Pregnancy Prevention Initiative



- Funded by the CDC and the Office of Adolescent Health (OAH) as part of the President's Teen Pregnancy Prevention (TPP) program
- Goal: To decrease the teen birth rate among teens aged 15–19 years
- Five key components
 - Evidence Based Programs
 - **Clinical Services**
 - Community Mobilization
 - Stakeholder Education
 - Working with Diverse Communities

Needs Assessment Findings



- 2010 data from South Carolina Title X family planning clinics showed that only 1% of adolescent females received a long-acting reversible contraceptive (LARC) method
- Baseline data from clinical partner, The Point at Tobias in Spartanburg, showed that in 2010
 - 324 adolescent clients were served
 - No LARC methods were provided
- 2010 surveys of 397 male and female youth aged 15–19 years conducted in the Spartanburg community found that
 - Only 20% had heard of the intrauterine device (IUD)
 - 17% had heard of the implant
 - 53% felt that using contraception was too much trouble and was not worth it



Improved Clinical Services



- Improvement efforts at The Point at Tobias
 - Developed buy-in from clinic leadership
 - Provided clinician training on contraceptive counseling, offering LARC as a first option for teens
 - Restructured staffing to increase same day insertions
 - Developed a teen-friendly clinic setting
 - Reviewed progress towards increasing the number of patients on a LARC method



Rebranded the Clinic

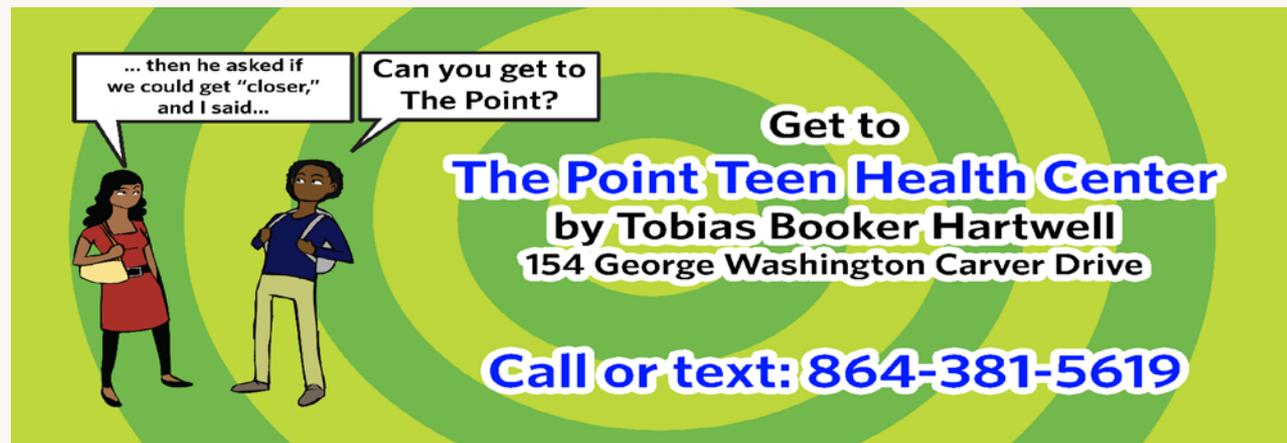


- Rebranded to: The Point Teen Health Center at Tobias
- Created new logo and signage
- Engaged local funders to support expansion and remodeling of Tobias to increase the comfort level for patients



Outreach Efforts

- Hired Outreach Coordinator
- Promoted clinic through bus shelter ads and billboards
- Provided referrals through community partners and youth action board
- Partnered with the Department of Transportation to obtain road signs to direct traffic to the health center location

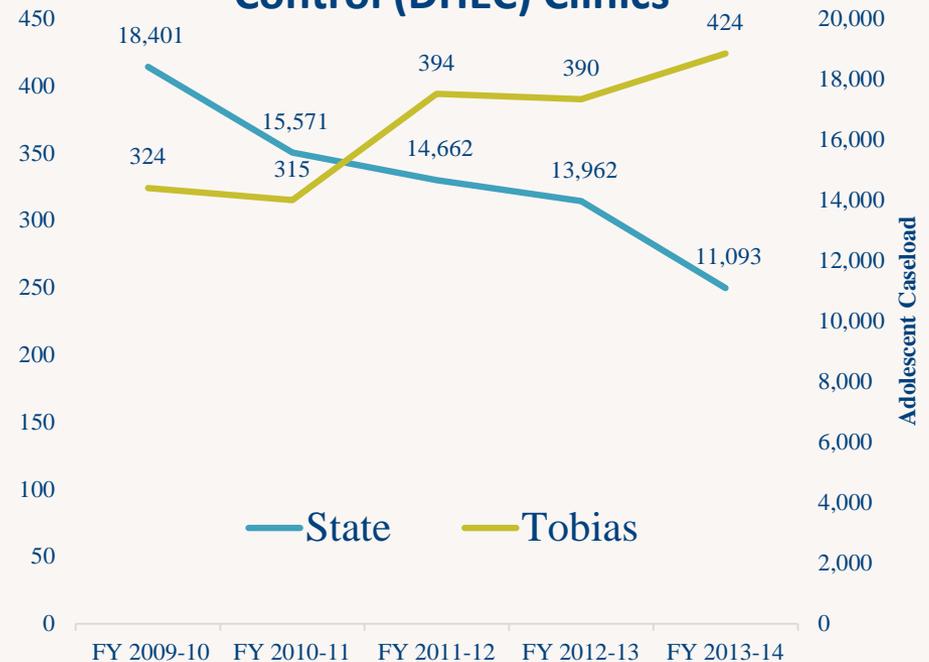


Results



- Staff Training
 - 55 staff in teen friendliness
 - 15 staff in contraceptive counseling for adolescents
- The Point at Tobias served 31% more adolescent male and female family planning patients from 2010–2014
- Title X clinics have seen a decrease in adolescent male and female family planning patients during that same time

**Change in Adolescent Caseload
The Point at Tobias versus All SC
Department of Health and Environmental
Control (DHEC) Clinics**





Lessons Learned



- Rebranding of the teen clinic has led to increased traffic
- Support for LARC must be clinic-wide, including administration and clinicians
- Contraceptive counseling must be comprehensive and strategic to help adolescents choose a contraceptive method that works best for them
- Clinicians need training and technical assistance on strategies for working with adolescents
- A staff champion should be identified to support the offering of and use of LARCs
- Staffing a teen clinic with a nurse practitioner allows for more opportunities for same day insertion of LARCs



Next Steps



- Possible expansion of services to three days per week, compared to only two days currently
- Expanding lessons learned to other clinics in Spartanburg and the DHEC system
- Increasing community outreach activities to ensure Tobias is a top referral clinic for teen reproductive health care



Thank you

**SC Campaign to Prevent Teen
Pregnancy**

Rena Dixon, PhD, MPH, MCHES
Health Services Coordinator
rdixon@teenpregnancysc.org

1331 Elmwood Avenue, Suite 140
Columbia, SC 29201

tel: 803-771-7700 ext 129

www.teenpregnancysc.org

www.facebook.com/SCCampaign

www.twitter.com/SCCampaign

CDC *Vital Signs* Electronic Media Resources

Become a fan on Facebook

www.facebook.com/cdc

Follow us on Twitter

twitter.com/CDCgov/

Syndicate *Vital Signs* on your website

<http://tools.cdc.gov/syndication/search.aspx?searchURL=www.cdc.gov%2fvitalsigns>

Vital Signs interactive buttons and banners

www.cdc.gov/vitalsigns/SocialMedia.html

Prevention Status Reports

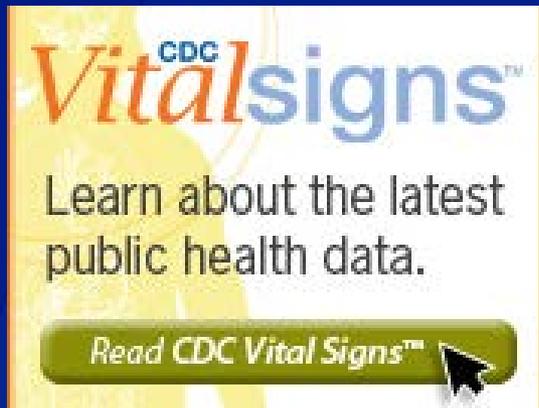
- The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce 10 important public health problems.

| Topics | |
|---|---|
|  Excessive Alcohol Use |  Motor Vehicle Injuries |
|  Food Safety |  Nutrition, Physical Activity, and Obesity |
|  Healthcare-Associated Infections |  Prescription Drug Overdose |
|  Heart Disease and Stroke |  Teen Pregnancy |
|  HIV |  Tobacco Use |

www.cdc.gov/psr/

Provide feedback on this teleconference:

OSTLTSFeedback@cdc.gov



Please mark your calendars for the next
Vital Signs Town Hall Teleconference

May 12, 2015

2:00–3:00 pm (EDT)

For more information, please contact Centers for Disease Control and Prevention.

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
Email: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

